

TESTIMONY BEFORE THE APPROPRIATIONS COMMITTEE

FEBRUARY 18, 2009

Good afternoon Senator Harp, Representative Geragosian, and members of the Appropriations Committee. My name is Amy Johnson and I'm from the Norwalk/Stamford area. I'm here to testify today on the potential cuts to the state's budget, namely the possible subjection of Mental Health Related Medications to the state's Preferred Drug List.

Putting mental health related medications on the state's Preferred Drug List would mean that only certain drugs would be covered by insurance. This exclusivity could result in medication disruption, increased crisis care, and disgruntled, over-worked physicians.

Medication disruption is a nightmare, especially when you've found a medication regimen this is working for you. The medication balance is a delicate one, so any small and seemingly insignificant medication change can have catastrophic and far-reaching consequences. For example, without the proper medication, a working, high functioning person may suddenly not be able to get out of bed, become afraid to drive, and lose his temper on the job; he may even lose his job. And the brutal, crippling cycle of depression has begun -- you can't work because you can't function (can't control your moods, can't focus); you can't function (you feel depressed) because you can't work. Medication gives a person a fighting chance at success; it gives him a chance to be a contributing member of society. Those psych meds interplay with brain chemicals, and it's this delicate balance of chemicals in the brain that makes a person human.

I have not been fortunate with psychiatric medications -- nothing on the current market has worked for me. But, I have friends and loved ones that I've seen the medications change their lives, change the way others see them, and change how they see themselves -- for the better.

I hope that with all the current research going on, that a new medication will be developed that could make my daily battle with my illness a little less of a struggle. And when that day comes, I want to be able to get that medication! My life is extremely difficult now, with my moods swinging wildly up and down, taking my self-esteem with it. My personal agony is vast -- I am in despair and feel completely helpless. My friends and family are frustrated with me, and I'm afraid that one day they will tire of my frequent crises and walk away.

I do not want others to suffer as I do, simply because they cannot afford an existing medication.

Because the current medications do not work for me, I am in crisis a lot. I end up in hospital emergency rooms often. The doctors there do not understand my brain disease, and they shame me with insensitive comments and reproachful glares.

The cost of a hospital visit is large; the cost to the hospital includes the cost of the ambulance ride from home to the E.R., the cost of the hospital room, the admittance fees, the cost of the blood work, the EKG, etc. The cost may also include another ambulance ride to the in-patient psychiatric facility if there's not one at the admitting hospital. The cost to the patient is larger, in the loss self-esteem and productivity. The total cost of those that love and care about the ill person is larger still, in the frustration and the physical and emotional stress involved with being a caregiver.

Not only is medication cost-effective, but it also facilitates productivity, employment, and interpersonal relationships; in other words, medication makes it possible for many of us to live and

